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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/757840
Filing Date	1/14/04
First Named Inventor	Vincent Lue
Art Unit	2176
Examiner Name	HERNDON, HEATHER R
Attorney Docket Number	6154-01

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

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Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Vincent Lue				
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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Vincent Lue		
Date	12-12-06	Telephone	408-720-1624

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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